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INTRODUCTION

Treatment Interventions for Perfectionism—A Cognitive Perspective: Introduction to the Special Issue

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Abstract The current article provides an overview of the papers included in this special issue and includes a discussion of key issues pertaining to psychological treatments for perfectionism. We describe and review two new treatment intervention studies in this special issue that focus on perfectionism in university students as well as other contemporary research on the use of cognitive-behavioral therapy to treat perfectionists. While the significant reductions in levels of perfectionism as a result of treatment are noteworthy, we caution that perfectionism is a relatively enduring trait; thus, some perfectionists will remain treatment resistant and overall levels of perfectionism may remain relatively high even when significant improvements are realized. Moreover, we discuss the established tendency for perfectionism to be associated with residual symptoms of distress following treatment. As part of our discussion of the other articles in this special issue, we highlight cognitive factors of likely significance in the treatment of perfectionism, including the ruminative response style, the tendency to experience perfectionistic automatic thoughts, and the role of core irrational beliefs in the development of perfectionism. These articles underscore the need to consider key cognitive factors that are central to dysfunctional forms of perfectionism.

Keywords Perfectionism · Cognition · Treatment · Irrational beliefs

This special issue on perfectionism is the third special issue on this topic to appear in the *Journal of Rational-Emotive and Cognitive-Behavior Therapy* under the editorialship of Windy Dryden. We are very grateful for the continuing opportunity in this journal to explore issues related to the cognitive and treatment aspects of perfectionism.

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Introduction

The articles in the current issue extend the scope of the existing literature in several key respects. The first two articles in this special issue are clearly unique in that they are among the first to examine the impact and usefulness of interventions designed specifically to reduce levels of perfectionism and its destructive impact with the caveat that perfectionism is treated as a multidimensional, complex construct. The article by Kutlesa and Arthur (2008) describes a group treatment intervention for perfectionistic university students, while the article by Arpin-Cribbie et al. (2008) describes a web-based intervention that was created for perfectionistic students. Kutlesa and Arthur (2008) adopt a counseling perspective and focus on turning negative perfectionism into positive perfectionism, while Arpin-Cribbie et al. (2008) focus on perfectionism as primarily negative and the goal is to reduce levels of perfectionism. While these studies differ in terms of their methods and their assumptions about the nature of perfectionism, these studies share some key features. First, key cognitive-behavior therapy (CBT) and rational-emotive therapy techniques are incorporated among the various exercises completed by perfectionistic students in both studies. Second, these studies include an explicit focus on the nature and various manifestations of perfectionism as part of the broader intervention approach. Third, in contrast to the literature suggesting that it is very difficult to treat perfectionists and improvement is limited (see Blatt and Zuroff 2002), both current investigations found that the intervention resulted in significant benefits in terms of significant reductions of perfectionism and associated levels of distress.

Although these data are promising, the results of these two studies must be interpreted within the context of certain questions and concerns. First, to what extent are these findings generalizable? It must be acknowledged that the participants in these studies, while clearly very high in perfectionism, likely differ in some key respects compared with the majority of people who receive treatment in clinical settings. The investigations by Kutlesa and Arthur (2008) and by Arpin-Cribbie et al. (2008) were based on participants who readily volunteered. As such, they may be much more motivated to change their levels of perfectionism than the perfectionists who are typically found in treatment.

Also, the participants in these studies likely do not have the extreme levels of dysfunction and co-morbidity of conditions typically found among clients in clinical samples, even allowing for recent evidence of personality disorder symptoms among perfectionistic university students (see Sherry et al. 2007). We have found in general that students debilitated by perfectionism have a substantial degree of suffering and role impairment. However, one surprising result emerging from the Kutlesa and Arthur (2008) study deserves comment—they found among their participants who received the treatment intervention that there were exceptionally high levels of perfectionism, but perfectionism was not associated significantly with distress at the start of the intervention. This is another important factor that distinguishes their study from the one conducted by Arpin-Cribbie et al. (2008) who found, in contrast, that at pre-test, higher levels of depressive symptoms were indeed linked with perfectionism across participants. Readers who are tempted to

minimize the significance of the findings reported by Kutlesa and Arthur (2008) because of this apparent anomaly in their data would be well-advised to read the complete dissertation by Kutlesa (2002) that provided the basis for their current article. This informative work includes a qualitative component that involved descriptions of how the participants felt about their perfectionism and its impact on them. Numerous examples are provided of the destructive impact of perfectionism and the impact it has taken on these students.

When treatments succeed in reducing levels of perfectionism, it is still possible that long-term risks remain. The current studies suggest that even when levels of perfectionism did improve, there were still some participants with substantially elevated levels of perfectionism even after receiving the intervention, as indicated by the range of perfectionism scores at post-test. A common finding from treatment studies involving perfectionism is that when reductions are evident, overall mean scores on key indicators are typically reduced to levels that approximate normative values, but the range of scores indicates that problematic levels of perfectionism still exist for many in the sample (see, for instance, Enns et al. 2002).

Consider, for instance, a recent study reported by Pleva and Wade (2006). This unique study showed that guided self-help and pure self-help CBT-based interventions were successful in reducing levels of perfectionism as assessed by the Frost Multidimensional Perfectionism Scale (see Pleva and Wade 2006). We reviewed these data and noted that despite the clinically significant improvements that were reported, overall mean levels of perfectionism at post-test remained relatively high. For instance, the mean scores on the Frost concern over mistakes subscale following the intervention still exceeded the cut-off score of 26 used by Frost et al. (1995) to define their group of people with a high level of concern over mistakes. This cut-off point was selected because it represented scoring at the 75th percentile or higher on this key perfectionism subscale. The means at the conclusion of the Pleva and Wade (2006) study were 26.54 for the guided self-help group and 29.91 for the pure self-help group, so levels of perfectionism were still quite high. Clearly, additional intervention is needed to further reduce elevated levels of perfectionism among people still suffering from high perfectionism following treatment. It follows that some perfectionists may be relatively treatment resistant, perhaps because they are very set in their perfectionistic ways and perfectionism is central to their core sense of self and personal identity. Family and work environments may reinforce and maintain their perfectionism and they may have become somewhat inured to the extreme demands imposed on them.

In addition to the reality that perfectionism remains relatively high for certain individuals, it is also the case that perfectionism may still be associated with residual symptoms of depression following the intervention. One finding reported by Arpin-Cribbie et al. (2008) was that elevated levels of perfectionism at post-test among those receiving an intervention were still associated with symptoms of depression. Cox and Enns (2003) reported a similar finding in their study of the stability of perfectionism and depression. They found that despite substantial overall reductions in depression, perfectionism was still associated significantly with depression at the conclusion of their study These data accord with evidence that links perfectionism with chronic and persistent symptoms of depression (see

Hewitt et al. 1998). These data point to the need for long-term interventions and booster treatment sessions.

Other new research continues to highlight the difficulties associated with treating perfectionism. For instance, a new clinical study evaluated possible changes in levels of perfectionism as a result of a cognitive-behavioral intervention for social anxiety (see Ashbaugh et al. 2007). Perfectionism was assessed with the Frost version of the Multidimensional Perfectionism Scale (Frost et al. 1990). Data analyses showed some improvement in overall perfectionism scores, but the overall effect size was characterized as "small." Overall levels of perfectionism remained elevated at the conclusion of the study.

Similarly, another recent investigation was a case series analysis of "clinical perfectionism" in nine psychiatric patients with high levels of perfectionism (see Glover et al. 2007). The authors concluded in the abstract of their article that on measures of "self-referential perfectionism" it was deemed that "Statistically significant improvements from pre- to post-intervention for the group as a whole were found on all three measures. The improvements were maintained at follow-up" (p. 85). However, closer inspection of the results suggests that this conclusion must be qualified as claims of treatment improvements were overstated. Three of the nine perfectionists did not have clinically significant improvements in levels of perfectionism. Another two participants who were deemed to have improved at post-test in terms of levels of perfectionism were found at follow-up three months later to have dramatic increases in levels of anxiety, with one participant going from a Beck Anxiety Inventory Score of eight at post-test to a Beck Anxiety Inventory score of 30 at follow-up (see Glover et al. 2007). Levels of perfectionism had also increased for this participant at post-test. These cases highlight the need for continued assessment of the distress and perfectionism of "recovered perfectionists."

Cognitive Factors to Consider when Treating Perfectionism

An important task for future research on the treatment of perfectionism is to begin to identify the specific factors, mechanisms, and therapy processes that resulted in these treatment gains or failures to improve. Zuroff et al. (2000) have pointed to problems in the therapeutic alliance and more work along these lines is clearly needed. For instance, if subsequent research confirms that a group intervention can contribute to reductions in perfectionism, then it is important to identify the specific aspects of the group treatment that were effective.

It is also important to precisely identify specific correlates of perfectionism and aspects of the perfectionism construct that need to be targeted in treatment. In this regard, the other three articles in this special issue on perfectionism are timely in that they identify several factors that researchers should perhaps consider when they are seeking to establishing how and why interventions are successful in reducing perfectionism and its impact. For example, the article by Blankstein and Lumley (2008) suggests that perfectionists may be prone to persistent distress to the extent that they engage in ruminative brooding when they feel depressed or anxious. These

authors suggest that certain perfectionists are prone to "a brooding trap" and cognitive-behavioral interventions need to focus explicitly on this tendency to obsessively ruminate. In addition to their substantive findings, another important contribution of their study is the development of psychometrically refined measures of brooding in anxious and depressive states.

The next article on perfectionism and irrational beliefs in adolescents is unique, to our knowledge, in that it is the first study of perfectionism, irrational beliefs, and distress in adolescents with perfectionism treated as a multidimensional construct (see Flett et al. 2008). This investigation showed that self-oriented perfectionism in adolescents is associated with a host of irrational beliefs. That is, those adolescents who are driven and strive actively and believe that they must be perfect also tend to endorse beliefs reflecting difficulties tolerating frustration, awfulizing and catastrophizing, and the notion that self-worth is tied to achievements and social approval. These data imply that perfectionistic adolescents should be evaluated on a range of irrational beliefs that may be exacerbating their distress and their perfectionistic tendencies, and these irrational beliefs may be influencing their reactions and responses throughout the course of treatment. This study also established that trait perfectionism and irrational beliefs both contribute uniquely to depressive symptoms in adolescents, even though perfectionism and irrational beliefs are associated. In addition, as was the case with the Blankstein and Lumley (2008) study, this investigation also resulted in a refined measure—an abbreviated version of the Survey of Personal Beliefs.

The final article by Besser and associates is a modification of a previous experiment that was described by Besser et al. (2004) in the inaugural special issue on perfectionism. This new investigation by Besser et al. (2008) is similar in that it too involves an analysis of reactions to positive versus negative feedback, but in a context where social evaluative cues are emphasized. This new study is distinguished by the inclusion of state measures of perfectionism cognitions, automatic thoughts, and self-esteem. Perfectionistic cognitions were assessed with a state version of the Perfectionism Cognitions Inventory (Flett et al. 1998) that was also created for our new investigation. State measures of negative automatic thoughts and positive automatic thoughts were also included. In addition, participants were assessed in terms of their physiological responses. The analyses of reported thoughts during the experiment showed that perfectionistic thoughts "in situ" were linked with negative automatic thoughts about the self, emotional distress, and relatively low state self-esteem. This investigation also found that trait perfectionism (in particular, socially prescribed perfectionism) interacted with feedback condition or task difficulty condition to influence negative affect, self-esteem, and physiological responses. Finally, analyses of the physiological data showed that trait perfectionism was associated with elevated blood pressure when negative feedback about performance is received. This accords with recent experimental evidence indicating that the irrational belief "I must perform well" contributes to elevated blood pressure (see Harris et al. 2006), and presumably, chronic activation of these beliefs are associated with chronic elevations in blood pressure that are reflected ultimately in a host of health problems.

As noted earlier, this is the third special issue on perfectionism to appear in the *Journal of Rational-Emotive and Cognitive-Behavior Therapy*. This current issue is unique in that it is the first one to include treatment outcome studies as a supplement to the initial data in the first special issue described by McCown and Carlson (2004); they detected an association between other-oriented perfectionism and early self-termination from treatment. The perfectionism literature has advanced substantially since the beginning of this decade and we believe that these special issues have contributed to this trend. As always, it is our hope that the clinicians and counselors who are seeking to assist distressed perfectionists will come across some useful information in these articles, and this information will help facilitate insights and interventions for people struggling with their perfectionism.

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